



Dart Aerospace Ltd.  
1270 Aberdeen St  
Hawkesbury, ON  
K6A 1K7  
Canada

Tel (613) 632-5200

**RBT18538-1**  
**Job Sheet 169600**



Part No: RBT18538-1

Job Qty: 2 ea

Part Name: Left Seat Brace



Part Weight: 0 lbs

Status: Scheduled

Priority: Medium

Job Created: 12/14/17

Job Tracking No:

Due Date: 12/19/17

Created By: Mario Poulin

Type: SOLD

Description:

Note: DWG RBT18538 Rev2A IPP Rev A 17.12.13 New issue DP verify DD

Ship Via:

### Bill of Materials

### Job Routing

| Op No | Operation          | Qty   | Start Date | Due Date | Standard  |         | Workcenter/Supplier   |           | Sign-off         |
|-------|--------------------|-------|------------|----------|-----------|---------|-----------------------|-----------|------------------|
|       |                    |       |            |          | Setup hrs | Run Hrs | Workcenter / Supplier | Lead Time |                  |
| 90    | Start up Operation | 2 Ea  |            | 12/18/17 | 0.00      | 0.00    | Start Up Waterjet2    |           | 17/12/19         |
| 100   | Waterjet           | 2 pcs |            | 12/18/17 | 0.00      | 0.20    | Waterjet 2 OMAX       |           | 17/12/19         |
| 110   | QC                 | 2 pcs |            | 12/18/17 | 0.00      | 0.00    | QC2 Waterjet-4        |           | 17/12/19         |
| 120   | QC                 | 2 pcs |            | 12/18/17 | 0.00      | 0.00    | QC8-7                 |           | 17/12/19         |
| 130   | Brake NC           | 2 pcs |            | 12/19/17 | 0.00      | 0.50    | Brake NC 1            |           | SR DAS           |
| 140   | QC                 | 2 pcs |            | 12/19/17 | 0.00      | 0.00    | QC5                   |           | 38               |
| 150   | Outsource          | 2 pcs |            | 12/19/17 | 0.00      | 0.00    | Outsource4            |           | 50 JAN 23 2018   |
| 160   | Packaging          | 2 pcs |            | 12/19/17 | 0.00      | 0.00    | Packaging2            |           | 50 JAN 23 2018   |
| 170   | QC                 | 2 pcs |            | 12/19/17 | 0.00      | 0.00    | QC6                   |           | 50               |
| 180   | Packaging          | 2 pcs |            | 12/19/17 | 0.00      | 0.00    | Packaging3-1          | 6.4       | 47 9-88 17/12/19 |
| 190   | QC21-SA            | 2 Ea  |            | 12/19/17 | 0.00      | 0.00    | QC21                  |           |                  |

Part Op 100 - 1-Cut as per Dwg (RED BARN FOLDER) Dwg Rev: 2A Prog Rev: 2A 2-Debur if necessary

Descriptions: 130 - Form as per DWG sheet 2

140 - Engrave T/N And / or S/N number as required Using Marktronic engraver as per DWG.

150 - Issue P/O to ATG: \_\_\_\_\_ -ANODIZE COLOR CLEAR, PER IAW MIL-A-8625F TYPE 2 CLASS 1, Water sealant -Certificate of Conformity is required

### Job Allocations

| Operation             | Component Part | Required | Inventory | Allocated | Std Qty |
|-----------------------|----------------|----------|-----------|-----------|---------|
| 90-Start up Operation | M5052H32S.040  | 1        | 184       | 0         | 0       |

### Part Specifications

Specifications could not be found.

Plex 12/14/17 1:45 PM dart.poulin.mario

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE



QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

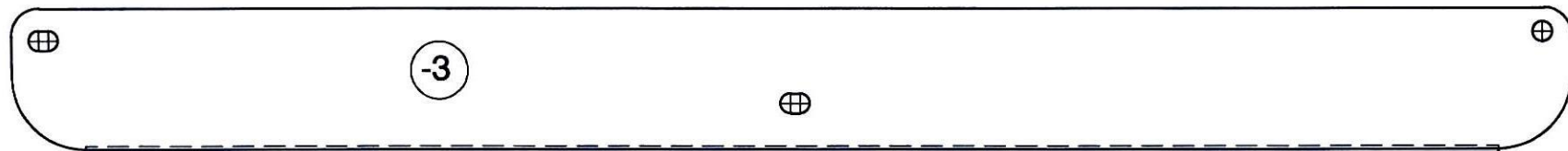
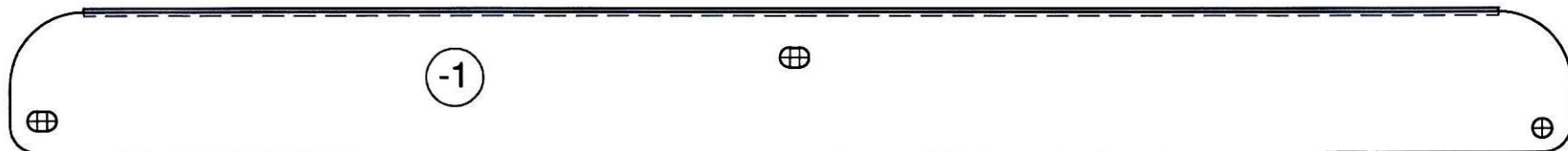
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                 |                                        |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|----------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Th _____<br/> <b>Dart Aerospace Ltd.</b><br/>             1270 Aberdeen Street<br/>             Hawkesbury, ON K64 1K7<br/>             CANADA<br/>             TEL.: 1 613 632-5200<br/>             Email: sales@dartaero.com<br/>             www.dartaerospace.com           </div> <div style="text-align: right;">             Water let <input type="checkbox"/> Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div>                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                 |                                        |  |
| Date : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Step #: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <div style="border: 1px solid black; padding: 5px; margin: 10px;"> <b>Mfg Date: 12/19/17</b><br/> <b>Job No: 169600</b> </div> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <b>RBT18538 - 1</b><br/><br/> <b>Start up Operation</b> </div> <div style="text-align: center;"> <b>Left Seat Brace</b> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                 |                                        |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Completed By _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                 |                                        |  |
| _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ead hand / Supervisor<br>Approval Verification                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                 |                                        |  |
| <b>Root Cause</b><br><table style="width:100%;"> <tr> <td style="width:50%;">           Environment <input type="checkbox"/><br/>           Design <input type="checkbox"/><br/>           Doc/Data <input type="checkbox"/><br/>           Equip/Tooling <input type="checkbox"/><br/>           Handling/Pre <input type="checkbox"/><br/>           Material <input type="checkbox"/><br/>           Internal Transport <input type="checkbox"/><br/>           Tribal Knowledge <input type="checkbox"/><br/>           LOA <input type="checkbox"/><br/>           Substation <input type="checkbox"/><br/>           Past Expiry Date <input type="checkbox"/><br/>           Misidentified <input type="checkbox"/> </td> <td style="width:50%;">           No Re-verification <input type="checkbox"/><br/>           Operator <input type="checkbox"/><br/>           Offset/Setup <input type="checkbox"/><br/>           Supplier <input type="checkbox"/><br/>           Training <input type="checkbox"/><br/>           Use for Testing <input type="checkbox"/><br/>           Poor Information <input type="checkbox"/><br/>           Rushing <input type="checkbox"/><br/>           Product Improvement <input type="checkbox"/><br/>           Process Improvement <input type="checkbox"/><br/>           Manufacturing Process <input type="checkbox"/><br/>           Past Due <input type="checkbox"/> </td> </tr> </table> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Environment <input type="checkbox"/><br>Design <input type="checkbox"/><br>Doc/Data <input type="checkbox"/><br>Equip/Tooling <input type="checkbox"/><br>Handling/Pre <input type="checkbox"/><br>Material <input type="checkbox"/><br>Internal Transport <input type="checkbox"/><br>Tribal Knowledge <input type="checkbox"/><br>LOA <input type="checkbox"/><br>Substation <input type="checkbox"/><br>Past Expiry Date <input type="checkbox"/><br>Misidentified <input type="checkbox"/> | No Re-verification <input type="checkbox"/><br>Operator <input type="checkbox"/><br>Offset/Setup <input type="checkbox"/><br>Supplier <input type="checkbox"/><br>Training <input type="checkbox"/><br>Use for Testing <input type="checkbox"/><br>Poor Information <input type="checkbox"/><br>Rushing <input type="checkbox"/><br>Product Improvement <input type="checkbox"/><br>Process Improvement <input type="checkbox"/><br>Manufacturing Process <input type="checkbox"/><br>Past Due <input type="checkbox"/> | <table style="width:100%;"> <tr> <td style="width:50%;">           Pressure/Forced <input type="checkbox"/><br/>           Bending <input type="checkbox"/><br/>           Centre Not Concentric <input type="checkbox"/><br/>           Cracks <input type="checkbox"/><br/>           Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>           Cuffs <input type="checkbox"/><br/>           Crushing <input type="checkbox"/><br/>           Heat Treat <input type="checkbox"/><br/>           Wave/Twist in Tube <input type="checkbox"/><br/>           Marks/Chatter <input type="checkbox"/> </td> <td style="width:50%;">           Te _____<br/>           Se _____<br/>           Bl _____<br/>           Bl _____<br/>           Ir _____<br/>           C _____<br/>           C _____<br/>           C _____<br/>           I _____<br/>           D _____         </td> </tr> </table> |  | Pressure/Forced <input type="checkbox"/><br>Bending <input type="checkbox"/><br>Centre Not Concentric <input type="checkbox"/><br>Cracks <input type="checkbox"/><br>Crimp/Kink/Ripple/Wave <input type="checkbox"/><br>Cuffs <input type="checkbox"/><br>Crushing <input type="checkbox"/><br>Heat Treat <input type="checkbox"/><br>Wave/Twist in Tube <input type="checkbox"/><br>Marks/Chatter <input type="checkbox"/> | Te _____<br>Se _____<br>Bl _____<br>Bl _____<br>Ir _____<br>C _____<br>C _____<br>C _____<br>I _____<br>D _____ | <b>QC / QA Coordinator</b><br>Approval |  |
| Environment <input type="checkbox"/><br>Design <input type="checkbox"/><br>Doc/Data <input type="checkbox"/><br>Equip/Tooling <input type="checkbox"/><br>Handling/Pre <input type="checkbox"/><br>Material <input type="checkbox"/><br>Internal Transport <input type="checkbox"/><br>Tribal Knowledge <input type="checkbox"/><br>LOA <input type="checkbox"/><br>Substation <input type="checkbox"/><br>Past Expiry Date <input type="checkbox"/><br>Misidentified <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | No Re-verification <input type="checkbox"/><br>Operator <input type="checkbox"/><br>Offset/Setup <input type="checkbox"/><br>Supplier <input type="checkbox"/><br>Training <input type="checkbox"/><br>Use for Testing <input type="checkbox"/><br>Poor Information <input type="checkbox"/><br>Rushing <input type="checkbox"/><br>Product Improvement <input type="checkbox"/><br>Process Improvement <input type="checkbox"/><br>Manufacturing Process <input type="checkbox"/><br>Past Due <input type="checkbox"/> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                 |                                        |  |
| Pressure/Forced <input type="checkbox"/><br>Bending <input type="checkbox"/><br>Centre Not Concentric <input type="checkbox"/><br>Cracks <input type="checkbox"/><br>Crimp/Kink/Ripple/Wave <input type="checkbox"/><br>Cuffs <input type="checkbox"/><br>Crushing <input type="checkbox"/><br>Heat Treat <input type="checkbox"/><br>Wave/Twist in Tube <input type="checkbox"/><br>Marks/Chatter <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Te _____<br>Se _____<br>Bl _____<br>Bl _____<br>Ir _____<br>C _____<br>C _____<br>C _____<br>I _____<br>D _____                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                 |                                        |  |
| OTHER : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Positioned Wrong <input type="checkbox"/><br>Outside Dimensions <input type="checkbox"/><br>Over/Under tolerance <input type="checkbox"/><br>Part Incorrect <input type="checkbox"/><br>Part Lost/Missing <input type="checkbox"/><br>Part Moved <input type="checkbox"/><br>Drawing <input type="checkbox"/><br>Finish <input type="checkbox"/><br>Misread <input type="checkbox"/><br>Turning Sequence <input type="checkbox"/>                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                 |                                        |  |





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| REVISIONS |                                                                                                                                                                                                               |         |         |          |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------|----------|
| REV       | DESCRIPTION                                                                                                                                                                                                   | DATE    | INITIAL | APPROVED |
| 1         | ORIGINAL TOOL WAS A MACHINED SOLID PART, NOW A FORMED PART.                                                                                                                                                   | 10/7/10 | WP      |          |
| 2         | CH'D MATERIAL THICKNESS FROM .06 TO .04, CH'D CUT OUTS ON END FROM .75 TO .83 (x2), CH'D R.31 (x4) TO R.31 (x2), & ADDED R.83 (x2), CH'D TWO #.218 HOLES TO ELONGATED SLOTS, ADDED R.125 (x2) TO LIP PER D.W. | 1/6/11  | RJC     |          |
| 2A        | ADDED ENGRAVE NOTE -1 & -3 PER R.W.                                                                                                                                                                           | 2/17/11 | RJC     | RW       |



Added B & L & 407 to used on  
model 3/20/12 after DW veified  
the hole pattern is the same.  
No rev done. RJC

|                                                                                                                                                                                                                                           |                               |                                                                                                                        |                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|------------------------------------------------------------------------------------------------------------------------|-------------------------|
|  <b>RED BARN MACHINE</b>                                                                                                                             |                               |                                                                                                                        |                         |
| <b>TITLE</b><br><b>SEAT FRAME SUPPORTS</b>                                                                                                                                                                                                |                               |                                                                                                                        |                         |
| <b>DWG NO.</b><br><b>RBT18538</b>                                                                                                                                                                                                         |                               |                                                                                                                        | <b>REV</b><br><b>2A</b> |
| <b>UNLESS OTHERWISE SPECIFIED</b><br><b>DIMENSIONS ARE IN INCHES</b><br><b>TOLERANCES ON:</b><br><b>DECIMALS</b> <b>METRIC REF.</b><br>.XXX ± .005      .XXmm ± .1mm<br>.XX      .01      FRACTIONS ± 1/32<br>X      .1      ANGLES ± .5° |                               | <b>DRAWN BY:</b> <b>PERRITT</b><br><b>APPROVED</b> <i>D. Ward</i><br><b>HEAT TREAT</b><br><b>FINISH</b><br><b>SPEC</b> |                         |
| <b>UNLESS OTHERWISE SPECIFIED</b><br><b>1. BREAK ALL SHARP EDGES</b><br>.015 x .45" PH .015 R<br><b>2. DIMENSIONAL LIMITS APPLY AFTER PLATING</b>                                                                                         |                               | <b>USED ON MODEL</b><br><b>BELL 206 B &amp; L, 407</b>                                                                 |                         |
| <b>SCALE</b><br><b>NTS</b>                                                                                                                                                                                                                | <b>DATE</b><br><b>10-7-10</b> | <b>SHEET</b><br><b>1 of 2</b>                                                                                          |                         |

| ASSY QTY | ASSY QTY | B/O | PART # | UNIT QTY | DESCRIPTION      | MATERIAL | B/O INFORMATION OR SPECIFICATIONS | Pg |
|----------|----------|-----|--------|----------|------------------|----------|-----------------------------------|----|
|          |          |     | -1     | 1        | LEFT SEAT BRACE  | 5052     | .040 x 2-3/4 x 17-5/8             | 2  |
|          |          |     | -3     | 1        | RIGHT SEAT BRACE | 5052     | .040 x 2-3/4 x 17-5/8             | 2  |
|          | ASSY     |     |        |          |                  |          |                                   |    |

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                                                                                                                                                     |  |  |
|--------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                                                | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                                            | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                                               |  |                                                                                                                                                     |  |  |
| Date :                                                       |                                                | Step #:                                                                                                                                                                            |                                                            | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  | MRB (QSI042) Approval<br><br><br>Completed By<br><br><br>Lead hand / Supervisor<br>Approval Verification<br><br><br>QC / QA Coordinator<br>Approval |  |  |
| Description Work Order Deviation                             |                                                |                                                                                                                                                                                    |                                                            | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                               |  |                                                                                                                                                     |  |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                                                                                                                                                     |  |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                                                                                                                                                     |  |  |
| Root Cause                                                   |                                                | FAULT CATEGORY                                                                                                                                                                     |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                                                                                                                                                     |  |  |
| Environment <input type="checkbox"/>                         | No Re-verification <input type="checkbox"/>    | Pressure/Forced <input type="checkbox"/>                                                                                                                                           | Temperature/Cure <input type="checkbox"/>                  | Power Loss/Surge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Positioned Wrong <input type="checkbox"/>     |  |                                                                                                                                                     |  |  |
| Design <input type="checkbox"/>                              | Operator <input type="checkbox"/>              | Bending <input type="checkbox"/>                                                                                                                                                   | Set-up <input type="checkbox"/>                            | Folio/Program <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Outside Dimensions <input type="checkbox"/>   |  |                                                                                                                                                     |  |  |
| Doc/Data <input type="checkbox"/>                            | Offset/Setup <input type="checkbox"/>          | Centre Not Concentric <input type="checkbox"/>                                                                                                                                     | BOM/Route <input type="checkbox"/>                         | Grain <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Over/Under tolerance <input type="checkbox"/> |  |                                                                                                                                                     |  |  |
| Equip/Tooling <input type="checkbox"/>                       | Supplier <input type="checkbox"/>              | Cracks <input type="checkbox"/>                                                                                                                                                    | Broken/Damage/Defect <input type="checkbox"/>              | Weld <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Part Incorrect <input type="checkbox"/>       |  |                                                                                                                                                     |  |  |
| Handling/Pre <input type="checkbox"/>                        | Training <input type="checkbox"/>              | Crimp/Kink/Ripple/Wave <input type="checkbox"/>                                                                                                                                    | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Part Lost/Missing <input type="checkbox"/>    |  |                                                                                                                                                     |  |  |
| Material <input type="checkbox"/>                            | Use for Testing <input type="checkbox"/>       | Cuffs <input type="checkbox"/>                                                                                                                                                     | Contamination <input type="checkbox"/>                     | Out of Sequence <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Part Moved <input type="checkbox"/>           |  |                                                                                                                                                     |  |  |
| Internal Transport <input type="checkbox"/>                  | Poor Information <input type="checkbox"/>      | Crushing <input type="checkbox"/>                                                                                                                                                  | Countersink <input type="checkbox"/>                       | Off-set <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Drawing <input type="checkbox"/>              |  |                                                                                                                                                     |  |  |
| Tribal Knowledge <input type="checkbox"/>                    | Rushing <input type="checkbox"/>               | Heat Treat <input type="checkbox"/>                                                                                                                                                | Cut Too Short <input type="checkbox"/>                     | Mislabeled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Finish <input type="checkbox"/>               |  |                                                                                                                                                     |  |  |
| LOA <input type="checkbox"/>                                 | Product Improvement <input type="checkbox"/>   | Wave/Twist in Tube <input type="checkbox"/>                                                                                                                                        | Instructions Incomplete/Unclear <input type="checkbox"/>   | Fit/Function <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Misread <input type="checkbox"/>              |  |                                                                                                                                                     |  |  |
| Substation <input type="checkbox"/>                          | Process Improvement <input type="checkbox"/>   | Marks/Chatter <input type="checkbox"/>                                                                                                                                             | Drill Holes <input type="checkbox"/>                       | Misaligned/off center <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Turning Sequence <input type="checkbox"/>     |  |                                                                                                                                                     |  |  |
| Past Expiry Date <input type="checkbox"/>                    | Manufacturing Process <input type="checkbox"/> | OTHER : _____                                                                                                                                                                      |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                                                                                                                                                     |  |  |
| Misidentified <input type="checkbox"/>                       | Past Due <input type="checkbox"/>              |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                                                                                                                                                     |  |  |





A.T.G. Industries Inc.  
731 Industrielle Street  
Rockland, ON K4K 1T2  
Canada

Ph: (613) 446-4544

Fax: (613) 446-4556

### Pack List

Number: 914471

Date: 22-Jan-18

#### To

Dart Aerospace Ltd  
1270 Aberdeen St  
Hawkesbury, ON K6A 1K7

#### Ship To

Chantal Lavoie  
Dart Aerospace Ltd  
1270 Aberdeen St  
Hawkesbury, ON K6A 1K7

Ph: 613 632-9577

Fax: 613 632-1053

Ph: 613 632-9577

Fax: 613 632-1053

| Terms                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Ship Via                |                               |
|------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-------------------------------|
| Quantity               | Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                         |                               |
|                        | Please reference this document's Pack List number on all correspondences regarding this shipment. If you have any questions, please contact us.                                                                                                                                                                                                                                                                                                                                                                                         |                         |                               |
| 12<br>ea<br>SQ         | Part: SWA6A-700<br>Wire Clamp<br>Hard Black Anodize per MIL-A-8625F, Type III, Class 2, .0005-.0045" (.5 - 4.5mils),<br>Water Sealant<br>Job: 22314                                                                                                                                                                                                                                                                                                                                                                                     | Rev: 3<br>PO: PO038727  | Line: 24                      |
| JAN 23 2018<br>2<br>ea | Part: RBT18538-1<br>Left Seat Brace<br>Clear Anodize per MIL-A-8625F, Type II, Class 1, .0004-.0010" (.4 - 1 mils), Water<br>Sealant<br>Job: 22315                                                                                                                                                                                                                                                                                                                                                                                      | Rev: 2A<br>PO: PO038727 | Line: 25<br>DAS<br>38<br>9-89 |
| 1<br>ea<br>SU          | Part: RBT18538-3<br>Right Seat Brace<br>Clear Anodize per MIL-A-8625F, Type II, Class 1, .0004-.0010" (.4 - 1 mils), Water<br>Sealant<br>Job: 22316                                                                                                                                                                                                                                                                                                                                                                                     | Rev: 2A<br>PO: PO038727 | Line: 26                      |
| JAN 23 2018            | <b>CERTIFICATE OF CONFORMANCE</b><br>A.T.G Industries Inc. certifies that all items in this shipment conform to the requirements.<br>Date: <u>22/01/2018</u><br>Certified Signature: <u>[Signature]</u><br>Receiver Signature: _____<br>A.T.G Industries Inc. is AS9100 Registered and Nadcap Chemical Processing Accredited.<br><br>Note: This Packing Slip may contain parts that have been PLATED. Items that are plated may be subject to natural tarnishing and it is suggested that they be inspected within 24 hours of receipt. |                         |                               |
| Made in Canada.        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                         |                               |



Dart Aerospace Ltd.  
1270 Aberdeen St  
Hawkesbury, ON  
K6A 1K7  
Canada

Tel (613) 632-5200

# PURCHASE ORDER PO038727

| Items     |        |            |                                                                                                                                                                       |        |          |                |                   |         |                  |                |
|-----------|--------|------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------|----------------|-------------------|---------|------------------|----------------|
| Line Item | Job    | Part       | Description                                                                                                                                                           | Status | Due Date | Order Quantity | Received Quantity | Balance | Unit Price (CAD) | Extended Price |
|           |        |            | Hard Anodize Color Black,<br>Prime as per Dwg<br>646.3300 Rev. N/C                                                                                                    |        |          |                |                   |         |                  |                |
| 18        | 169361 | 646.9813   | Lower Deflector Low<br>Issue P/O to ATG :<br><br>Hard Anodize Black and<br>Prime as Per Dwg<br>646.9800 Rev. A                                                        | Firmed | 1/30/17  | 12 pcs         | 0 pcs             | 12 pcs  | \$11.85/pcs      | \$142.20       |
| 19        | 169288 | 646.9910   | Struts<br>Issue P/O to ATG :<br>Hard<br>Anodize, Color Black and<br>Prime as per Dwg<br>646.9900 rev. N/C                                                             | Firmed | 1/30/17  | 25 pcs         | 0 pcs             | 25 pcs  | \$14.10/pcs      | \$352.50       |
| 20        | 166819 | D4838-1    | Upper Cutter Body, LH<br>Issue P/O:<br>ATG, black anodize and<br>prime as per dwg D4838-1<br>Rev. A                                                                   | Firmed | 1/30/17  | 10 pcs         | 0 pcs             | 10 pcs  | \$10.95/pcs      | \$109.50       |
| 21        | 166821 | D4838-2    | Upper Cutter Body, RH<br>Issue P/O:<br>ATG, black anodize and<br>prime as per dwg D4838-2<br>Rev. A                                                                   | Firmed | 1/30/17  | 1 pcs          | 0 pcs             | 1 pcs   | \$10.95/pcs      | \$10.95        |
| 22        | 166822 | D4838-2    | Upper Cutter Body, RH<br>Issue P/O:<br>ATG, black anodize and<br>prime as per dwg D4838-2<br>Rev. A                                                                   | Firmed | 1/30/17  | 17 pcs         | 0 pcs             | 17 pcs  | \$10.95/pcs      | \$186.15       |
| 23        | 169560 | SWA6A-800A | Connector Bushing<br>-Issue P/O to ATG:<br>-ANODIZE<br>COLOR CLEAR, PER IAW<br>MIL-A-8625F TYPE 2<br>CLASS 1 WATER SEAL<br>- Certificate of Conformity<br>is required | Firmed | 1/30/17  | 6 pcs          | 0 pcs             | 6 pcs   | \$3.10/pcs       | \$18.60        |
| 24        | 169654 | SWA6A-700  | Wire Clamp<br>-Issue P/O to ATG:<br>-ANODIZE COLOR<br>BLACK, PER IAW MIL-A-<br>8625F TYPE 3 CLASS 2,<br>Water sealant<br>-Certificate of Conformity is<br>required    | Firmed | 1/30/17  | 12 pcs         | 0 pcs             | 12 pcs  | \$7.45/pcs       | \$89.40        |
| 25        | 169600 | RBT18538-1 | Left Seat Brace<br>-Issue P/O to ATG:<br>-ANODIZE COLOR<br>CLEAR, PER IAW MIL-A-<br>8625F TYPE 2 CLASS 1,<br>Water sealant<br>-Certificate of Conformity is           | Firmed | 1/30/17  | 2 pcs          | 0 pcs             | 2 pcs   | \$14.58/pcs      | \$29.16        |